

# AGMA Health Fund

(Standard and Reimbursement Plans, formerly called Plan A & B)

## DOMESTIC PARTNER COVERAGE

### 1. Definition of Domestic Partners.

The AGMA Health Fund (Standard & Reimbursement Plans) defines domestic partners as follows:

Two adults (both of whom are 18 years or older) of the same or opposite sex who:

- a) are of the age of consent in the State of residence;
- b) are not related by blood in any manner that would bar marriage in the State of residence;
- c) have a close, committed and monogamous personal relationship;
- d) have been sharing the same household on a continuous basis for at least six months;
- e) have registered as domestic partners where such registration is available;
- f) are not married to anyone else and are not separated from another person;
- g) have not been registered as a member of another domestic partnership within the last six months; and
- h) are financially interdependent.

### 2. Procedure for Verifying Domestic Partner Status and Eligibility Date.

A participant who seeks domestic partner coverage will be required to submit:

1. An affidavit attesting to the domestic partner status
2. A declaration of financial interdependence
3. Two items of proof (such as joint lease or mortgage, joint bank account).
  - a. (A sample affidavit and declaration of financial interdependence is attached).
4. Enrollment form for the Standard Plan or Reimbursement Plan

**Eligibility date will be the date the Enrollment Form was delivered to the Fund Office.**

Persons who fraudulently, wrongfully (or negligently) obtain coverage for persons who are not entitled to such coverage, or who fail to timely notify the Fund Office of the termination of a domestic partnership, may be subject to civil action.

In addition, those who live in jurisdictions offering a domestic partner registry (such as California and New York City) will be required to show proof that they have registered as domestic partners along with the four items listed above.

### 3. Domestic Partner Coverage.

Domestic Partners of participants are eligible for family health coverage on the same basis as current dependent coverage. The child of a domestic partner is also eligible for family coverage on the same basis as current dependent coverage.

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## 4. Taxation

If the Employer pays for domestic partner coverage, this benefit is taxable as wages unless the participant's domestic partner is financially dependent on the participant,

a) Financially Dependent Domestic Partners

If the Participant presents proof satisfactory to the Trustees that his or her domestic partner is a financial dependent within the meaning of Section 152 of the Internal Revenue Code, health benefits to such partners are not taxable. Section 152 defines a financial dependent as one who resides with you and for whom you provide more than 50% support. In addition, the dependent must not be a qualifying child of any taxpayer, and the dependent must be a citizen, national, or legal resident of the United States or a resident of a contiguous country. Adequate proof shall ordinarily mean copies of tax returns showing the partner as a financial dependent and a supporting affidavit.

b) Non-dependent Domestic Partners

Except as provided above for financially dependent domestic partners, health insurance paid by the Employer for a participant's domestic partner is taxable as wages in the amount of the fair market value of the insurance. Fair market value shall ordinarily mean the difference between the family and individual premium paid on the individual's behalf. Such amount will be subject to federal and state taxes, including withholding, social security and Medicare (FICA), and unemployment (FUTA). Such taxes must be prepaid by the participant quarterly. The Fund Office will provide participants a schedule to determine the appropriate taxes.

For participants participating in the medical reimbursement program (Reimbursement Plan), the taxable amount shall be the amount paid for reimbursable expenses of the domestic partner. Taxes shall be deducted before reimbursement for such expenses is paid.

c) Self-pay Domestic Partner coverage

If the participant pays the cost of Domestic Partner coverage, the benefit is not taxable.

## 5. Modification and Interpretation.

The Trustees reserve the right to amend or modify the eligibility requirements for domestic partner coverage and to amend, modify or terminate domestic partner coverage at any time for any reason. The Trustees reserve the right to interpret all plan documents concerning domestic partner coverage and to interpret the requirements for and extent of such coverage.

**AGMA Health Fund & Retirement Plan Administration Office**

60 Boulevard of the Allies, Fifth Floor, Pittsburgh, PA 15222

Phone: 877-578-8703 Fax: (412) 802-2059

E-mail: [AGMAFunds@cdsadmin.com](mailto:AGMAFunds@cdsadmin.com)



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12. We understand that if domestic partner coverage is paid for by Employer contributions, the benefits will be taxable as wages (subject to withholding, FICA and FUTA) in the amount of the value of such coverage, unless we present proof that the domestic partner is financially dependent on the participant within the meaning of Internal Revenue Code § 152.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Sworn to before me this  
day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

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## DECLARATION OF FINANCIAL INTERDEPENDENCE

We, the undersigned domestic partners, are financially interdependent. We submit the following two items of proof evidencing our financial interdependence six months prior to Enrollment Date:

- We have a joint bank account.
  - We have a joint credit card.
  - We are joint obligors on a loan.
  - We jointly own our residence.
  - We jointly appear as tenants on the lease for our residence.
  - We keep a common household (household expenses, e.g., utility bills, telephone bills, joint public assistance budget, etc.)
  - We jointly own a motor vehicle.
  - We have executed wills naming each other as executor and/or beneficiary.
  - We have granted each other durable powers of attorney.
  - We have conferred upon each other authority to make health care decisions (e.g., health care power of attorney).
  - At least one of us has designated the other as a beneficiary under a retirement benefits account.
  - Other item of proof as is sufficient to establish economic interdependency under the circumstances of the particular case (specify).
- 

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Sworn to before me  
this day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

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## EXAMPLES OF ITEMS OF PROOF FOR THE DECLARATION OF FINANCIAL INTERPENDENCE SHOWING SIX MONTHS PRIOR TO ENROLLMENT DATE

Listed below are examples of items of proof that may be acceptable attachments to a Declaration of Financial Interdependence. Other items of proof may also be acceptable. You must provide an original plus a photocopy of all items proof. The original documents will be returned to you. NOTE All final determinations of whether a particular item of proof is acceptable to prove financial interdependence shall be made by the Board of Trustees, in its sole and absolute discretion.

### JOINT BANK ACCOUNT

- Statement with both names
- Check with both names
- Passbook with both names

### JOINT CREDIT CARD

- Statement with both names

### JOINT OBLIGORS ON LOAN

- Note or other loan origination document with both names

### JOINT OWNERSHIP OF RESIDENCE

- Deed or other sale/transfer document with both names
- Property or water tax document with both names

### JOINT TENANTS ON LEASE

- Lease with both names

### COMMON HOUSEHOLD EXPENSES

- Utility/telephone bill with both names
- Public assistance document with both names

### JOINT VEHICLE OWNERSHIP

- Title in both names

### JOINT WILLS

- Copy of will or wills, with each party naming the other as beneficiary and/or executor

### POWER OF ATTORNEY

- Copy of Powers of Attorney with each party naming the other party and no limitation on the term of the documents

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## HEALTH CARE PROXY

- Copy of health care proxies/living wills, with each party giving the other party the power to make health care/non-resuscitation decisions upon incapacitation

## LIFE INSURANCE

- Copy of policy with one party naming the other as beneficiary\*

## RETIREMENT BENEFITS

- Copy of beneficiary designation form with one party designating the other as beneficiary\*

\*Does not have to be enrollee designating the dependent

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